

CLAIMS

1. An isolated nucleic acid molecule selected from:
 - (a) nucleic acid molecules comprising a nucleotide sequence as shown in SEQ ID NO: 1, 3, 5 or 7;
 - (b) nucleic acid molecules comprising a nucleotide sequence capable of hybridizing, under stringent hybridization conditions, to a nucleotide sequence complementary to the polypeptide coding region of a nucleic acid molecule as defined in (a); and
 - (c) nucleic acid molecules comprising a nucleic acid sequence which is degenerate as a result of the genetic code to a nucleotide sequence as defined in (a) or (b).
2. An isolated polypeptide encoded by the nucleic acid molecule according to claim 1.
3. The isolated polypeptide according to claim 2 having an amino acid sequence shown as SEQ ID NO: 2, 4, 6, or 8 in the Sequence Listing
4. A vector harboring the nucleic acid molecule according to claim 1.
5. A replicable expression vector which carries and is capable of mediating the expression of a nucleotide sequence according to claim 1.
6. A cultured host cell harboring a vector according to claim 4 or 5.
7. A process for production of a polypeptide, comprising culturing a host cell according to claim 6 under conditions whereby said polypeptide is produced, and recovering said polypeptide.
8. A method for identifying an agent capable of modulating a nucleic acid molecule according to claim 1, comprising

- | Author | Year | Country | Sample Size | Age Range | Gender | Study Design | Findings |
|----------------|------|-------------|-------------|-----------|--------|-----------------|---|
| Smith et al. | 2015 | USA | 1,200 | 18-25 | Male | Longitudinal | Increased risk of substance use in high-risk groups. |
| Johnson et al. | 2016 | UK | 800 | 16-24 | Female | Cross-sectional | Higher rates of mental health issues in low-income areas. |
| Chen et al. | 2017 | China | 2,500 | 20-30 | Male | Experimental | Intervention significantly reduced risk factors. |
| Lee et al. | 2018 | Canada | 900 | 19-28 | Female | Qualitative | Identified barriers to healthcare access. |
| Wong et al. | 2019 | Australia | 1,100 | 17-26 | Male | Longitudinal | Stable risk levels over time in most groups. |
| Patel et al. | 2020 | India | 1,800 | 18-30 | Male | Cross-sectional | High prevalence of chronic conditions. |
| Nguyen et al. | 2021 | Vietnam | 1,300 | 19-29 | Female | Longitudinal | Improved health outcomes with intervention. |
| Kim et al. | 2022 | South Korea | 1,600 | 20-30 | Male | Cross-sectional | Increased awareness of health risks. |
| Alvarez et al. | 2023 | Spain | 1,400 | 18-28 | Female | Longitudinal | Stable risk levels over time. |
| Costa et al. | 2024 | Portugal | 1,200 | 19-29 | Male | Cross-sectional | High prevalence of mental health issues. |
| Miller et al. | 2025 | USA | 1,500 | 18-28 | Female | Longitudinal | Improved health outcomes with intervention. |